

Library of Congress - Financial Information Request

LC ORIGINATING OFFICE	LC CONTACT PERSON NAME	TELEPHONE NO. ()	DATE											
INSTRUCTIONS: The Debt Collection Improvement Act of 1996 requires Federal agencies to pay individual and corporate vendor invoices through Electronic Fund Transfer (EFT) after July 26, 1996. The following information is required by the Library of Congress to enable a form of EFT payment called Automated Clearing House (ACH). The information will be kept in an automated vendor database and used only for official Library business. Mail or FAX this survey to the Library of Congress as soon as possible. Keep a copy of this form for your files and notify the Library if changes occur. See verso for ACH account information. The Library of Congress maintains an Internet site that provides information regarding the status of vendor invoices, invoice payments, and other transactions at: http://lcweb.loc.gov/fsd		MAIL TO: Library of Congress Accounting Division 101 Independence Avenue, SE Washington, DC 20540-9110 OR FAX TO: 202-707-4261												
VENDOR CODE <ul style="list-style-type: none"> Corporations or partnerships use Federal Taxpayer Identification Number (TIN). Independent contractors or sole proprietors use Social Security Number (SSN). Foreign firms without TIN, do not enter number. The Library of Congress will assign number. 														
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>														
TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor or Independent Contractor <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Government Agency <input type="checkbox"/> University														
NAME OF BUSINESS OR INDIVIDUAL														

YOUR ADDRESS FOR FINANCIAL MATTERS

ADDRESS LINE 1 (P.O. Box, or Number and Street)			
ADDRESS LINE 2 (Building, Suite, etc.)			
CITY	STATE	ZIP CODE	COUNTRY
e-mail ADDRESS			

YOUR CORRESPONDENCE ADDRESS (Complete only if different than address above)

ADDRESS LINE 1 (P.O. Box, or Number and Street)			
ADDRESS LINE 2 (Building, Suite, etc.)			
CITY	STATE	ZIP CODE	COUNTRY
e-mail ADDRESS			

ACH FINANCIAL INSTITUTION INFORMATION (See Verso)

FINANCIAL INSTITUTION NAME	ROUTING TRANSMIT NUMBER
ACCOUNT NUMBER	TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings
CITY	STATE ZIP CODE
ACCOUNT TITLE (if different from name of business or individual)	

CERTIFICATION OF INFORMATION

I understand that the Library will make payments by ACH and have provided ACH financial institution information.		
NAME	TITLE/POSITION	TELEPHONE NUMBER ()
SIGNATURE		DATE

FOR LIBRARY OF CONGRESS USE ONLY

FSD/AD: V TYPE	ISSUE IRS FORM 1099 <input type="checkbox"/> Yes <input type="checkbox"/> No	INPUT BY	DATE	REVIEWED BY	DATE
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ACH ACCOUNT INFORMATION

ROUTING TRANSIT NUMBER (financial institution 9-digit routing transit number)

ACCOUNT NUMBER (account number at financial institution)

ACCOUNT TITLE (the vendor/employee/consultant's name on the account at the financial institution)

FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

3
ACCOUNT TITLE

NAME OF VENDOR/EMPLOYEE/CONSULTANT
STREET ADDRESS
CITY, STATE, ZIP CODE

PAY TO THE ORDER OF: _____ \$

_____ DOLLARS

4 NAME OF BANK
5 Payable Through Another Bank

For _____

1 **ROUTING NUMBER**
021001082

2 **ACCOUNT NUMBER**
123 456 789 "

CHECK NUMBER
0101

1. ROUTING TRANSIT NUMBER - Here you would put your bank's RTN for ACH, in this example, 021001082. No spaces or other punctuation are required by the Library.

2. ACCOUNT NUMBER - Here you would put your account number, in this example, 123456789. No spaces or other punctuation are required by the Library.

3. ACCOUNT TITLE - Must include vendor/employee/consultant's name.

4. FINANCIAL INSTITUTION NAME

5. If check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for ACH processing.